

HEADQUARTERS
THEATER SERVICE FORCES
EUROPEAN THEATER
Office of the Theater Chief Surgeon

Ch. Surg.
File 703.

CIRCULAR LETTER NO. 93

29 December 1945

CENTRAL DENTAL LABORATORY.

1. GENERAL. - 2 1946

- a. A central dental laboratory has been established to provide dental prosthetic laboratory service for stations or units in the U.S. Occupation Areas without such facilities and also to augment other medical units having dental laboratory facilities in the event they become overloaded or require assistance in the construction of special appliances.
- b. The central dental laboratory is located at the 2nd General Dispensary, Frankfurt a.M., Germany. The mailing address is: Central Dental Laboratory, 2nd General Dispensary APO 747. Direct courier and messenger service is available to and from this location to most stations or units and the utilization of these services will greatly expedite and facilitate the transfer of prosthetic packages. Direct correspondence is invited between the prosthetic officer at the camp, station or unit and the central dental laboratory to assure the greatest operating efficiency.
- c. All dental officers responsible for initiating or rendering prosthetic service will comply with the following instructions when cases are being prepared for the central dental laboratory. Failure to comply with the basic instructions herein will result in a return of the case to the original sender untouched. The result being a loss of operating time and material of the dental effort, and the loss of the patient's time from his duties.
- d. Every effort will be made to construct an appliance in accordance with the design and materials requested, but the final decision regarding construction will be that of the central dental laboratory.
- e. The central dental laboratory will insert the name and Army serial number on all dentures constructed in the central dental laboratory wherein such an identification is applicable.

2. POLICIES REGARDING DENTAL PROSTHETIC TREATMENT

- a. Dental services during and for six months after the War (CG 703.1 (4-16042) EO-6-1, 25 April 1942). Section 2 of this circular regarding partial dentures, A fixed bridge may be inserted in the anterior segment, in limited cases, as a morale and functional factor in those instances where extraction has caused a disfiguring space.
- b. Treatment for dependents. Dental attendance for dependents will be limited to emergency treatment. Such treatment will interfere in no instance with the routine dental treatment of military personnel.
- c. Treatment of War Department civilian employees on foreign military missions. In accordance with a Third Indorsement, WD, D.S., S.C.O., 16 October 1942, to the Commanding Officer, Post of Ft Reid, Trinidad, B.W.I., the following policy is in effect:

"4. Replacement of missing teeth for the above outlined civilian personnel will be made when in the opinion of the dental surgeon it is necessary

from a health or functional standpoint. Such replacements will be the standard type of full or partial dentures provided in the Army except that anterior teeth, lost in line of duty, may be replaced by fixed bridgework when in the opinion of the dental surgeon it is advisable. This type of replacement is to be kept at a minimum consistent with the interests of the Government and the individual.

"5. The treatment outlined in paragraph 4, above, will interfere in no instance with the routine dental treatment of military personnel."

d. Treatment for Prisoners of War. Prisoners of War will be given dental treatment in accordance with the Geneva Convention. This treatment will consist of emergency treatment and such permanent dental work as is required to place or maintain the teeth in serviceable condition to facilitate the Army ration.

e. Treatment of allied military personnel. Military personnel of allied nations will receive the same dental treatment as U.S. Army personnel. (JGO Letter 370.5 (404042 MS-SPGM-M, 7 July 1942). This will be applicable when the allied military concerned do not have their own facilities available.

3. TYPE OF LABORATORY SERVICE ACCOMPLISHED AT C.D.L.

The laboratory is prepared to receive and complete all cases of laboratory work with the exception of Ceramics and cast Stainless steel alloy appliances. In lieu of ceramics, an acrylic material will be used in constructing jacket crowns. It is the policy, however, that ordinary inlays, single crowns, and attachments for bridges will be made in local camp, station or unit laboratories, if facilities are available.

4. MATERIALS EMPLOYED IN APPLIANCE CONSTRUCTION

a. Acrylic and gold. Acrylic will be the material of choice for most dentures. Special dental materials are available for selected cases, and the expenditure of these materials is limited to the minimum consistent with good service.

b. Teeth and facings.

"(1) Either New Trubyte or New Hue teeth and occasionally acrylic teeth may be used. Substitutions are made in accordance with the following table:

New Hue: 63 66 67 69 77 79 81 83

New Trubyte: 40 41 43 52 46 55 42 57

In requesting shade, always give New Hue shade, using only the above eight shades. As soon as present stock of New Trubyte is exhausted, all teeth will be furnished in the New Hue shades.

"(2) Steele's facings are supplied in the following shades:

Upper: 5, 6, 7, 8, 9, 10, 11, 12, 15, 16, 20.

Lower: 7, 9, 15, 16, 20.

"(3) In specifying teeth, requests should be limited to the following molds. Additional information to aid the esthetics of the case be provided the C.D.L.

Upper anterior molds 1 x 6: 115, 117, 123, 124, 126, 133s, 134, 135s, 136s, 155, 214, 217, 222, 224, 225s, 225, 226s, 233, 234, 235, 244, 262, 263, 264, 265, 266, 267, 275, 314, 315, 317, 324, 333, 325, 346.

Lower anterior molds 1 x 6: 22, 23, 24, 25, 26, 27, 31, 32, 33, 34, 35, 36, 43, 43s, 44, 45, 45s, 46, 46s.
1 x 8 -- Upper and lower posteriors (20°): 29s, 29m, 29L, 31s, 31m, 31L, 33s, 33m, 33L, 35L.

Upper and lower posteriors (30°): 38s, 28m, 28L, 30s, 30m, 30L, 32s, 32m, 32L, 34s, 34m, 34L, 32x.

(4) The C.D.L. does not have a supply of nonstandard items such as tube teeth and Stangle's True Pontics, and there are no funds for these purchases. Acrylic teeth may be used to repair these cases.

5. PRIORITY ON LABORATORY SERVICE

The word "Rush" may be written on the upper left corner of WD AGO Form 8-143 (old MD Form 124) when time is an important factor in the case. Care should be exercised in requesting priority as indiscriminate use will result in increasing length of time on all cases.

6. PACKING AND MAILING

a. Each case should be wrapped separately, placing back to back in mailing box, and teeth should not come in contact with sides of the box. Mailing boxes should be tied with twine. Gum tape quickly seals the boxes. Two sheets, WD AGO Form 8-143 (old MD Form 124) will accompany patients' casts to the C.D.L. The carbon copy, with case for try-in, or with completed denture, will be returned to the station. Try-ins returned to the C.D.L. for completion will be accompanied by the same carbon form. When the C.D.L. returns casts to a camp, station, or unit for additional mouth preparation or new models, the same WD AGO Form 8-143 will be used on all subsequent transfers. The mailing boxes are well constructed, expensive, and should therefore be saved for repeated use. WD AGO Form 8-142 (Label - Penalty) and WD AGO Form 8-143 (Prosthetic Case Record) are obtainable on requisition from the Fourth Medical Depot. Existing stocks of MD Form 124 may be used while available.

b. Postmaster General Order No. 31361, 17 May 1943. This order states:

"4. Packages containing dentures (false teeth) or prosthetic appliances shall be accepted for mailing when properly prepared therefore, provided that the label of the address side of the parcel carried a printed or rubber stamp impression over the name of the sender in clear, legible type, reading as follows: Mailing not prohibited by Sec. 607½ P.L. & R., 1940".

7. USE OF WD AGO FORM 8-143, PROSTHETIC CASE RECORD (OLD MD FORM 124)

All stations will complete the form as follows:

a. Station. Name of station and mailing address -- Leave ½ inch blank on left side of this space for entry of C.D.L. case number.

b. Patient. Enter last name first, then first name and middle initial. Also enter Army serial number in this space.

c. Rank and organization. Self-explanatory.

d. DATE. Enter date patient is first seen.

e. Number of years's service. Enter years of service and months by twelfths.

Example: One year and six months -- 1 6/12

f. Patients age. Nearest birthday.

g. Kind of denture. Use check mark, or "x" key on typewriter, for the one or more dentures being made.

h. Kind of Work. List upper and lower teeth, etc.

(1) Dentures.

(a) If a full denture is being constructed, enter the word full on this line. Do not list missing teeth or fill in number of anterior or posterior teeth. Do not list number of teeth in extreme right hand column.

(b) If a partial denture is being constructed, make no entry on this line. The C.D.L. will make necessary entry. Do not fill in number of anterior or posterior teeth, and do not list number of teeth in extreme right hand column.

(2) Inlay. Enter only inlays which are not used as bridge abutments, giving correct symbol and number of teeth receiving the inlay and the surface of the tooth involved, as L-15 mc. Enter check on mark in column, anterior or posterior, depending upon location of the tooth receiving the inlay.

(3) Crown (other than bridge attachment). Enter only three-quarter crowns, and crowns not used for bridge attachments. Enter correct symbol and number of tooth receiving crown on this line, and check location of tooth, anterior or posterior.

(4) List bridge abutments. Enter correct symbols and the number of the teeth receiving the bridge attachments on this line. In all cases where bridge attachments are cast by C.D.L., the carbon copy will be returned to the station with the finished attachments. If the attachments, with casts and bite, are returned to the C.D.L. for the completion of the bridge, the carbon copy should be returned with the attachments, etc. If the bridge is completed at the home station, after the attachments have been cast and returned by the C.D.L. the station will complete the following steps:

(a) Enter on carbon copy the gold they (the station) expended in completing the bridge.

(b) Total only the gold used by station, on the line total.

(c) Notify the C.D.L. immediately that the bridge was completed and inserted at the home station.

(5) Number of inlays, crowns, bridges, etc. Enter in this column on the appropriate line total number of inlays, crowns, or bridges to be constructed.

(6) Other entries. In cases of bridge repair, denture rebased, reconstructed, or duplicated, the word "repair", "rebase", etc, will be inserted

in the appropriate line, and a check or X will be inserted in column, "anterior" or "posterior".

i. Leave blank for C.D.L. Insert in this space, "Sent to C.D.L. (Name of Laboratory)". If a splint is to be constructed, the fact will be indicated in this space. C.D.L. may also use this space for remarks, such as: "Path of insertion of this case should be indicated."

j. Is try-in desired? Yes or No. If centric occlusion is questionable, the laboratory may finish one denture and return the other for try-in. After the case has been checked by the station, if centric occlusion is satisfactory enter "O.K." on carbon copy.

k. Shade. Enter only those shades listed in paragraph 4b (1) and (2) of this bulletin in the extreme left side of this block. Enter correct shade on all repair cases if teeth are to be replaced.

l. MOLD. Enter only those molds listed in paragraph 4b (3) of this bulletin.

m. Material. Acrylic resin will be the material of choice.

n. Indicate clasp, rests, bars. Do not enter any information in this block, since the C.D.L. is equipped to survey models.

o. Date of impression. Self-explanatory.

p. Date received in laboratory. To be filled in by C.D.L.

q. Date completed in laboratory. To be filled in by C.D.L. If a denture is completed at home station, after it has been set up by the C.D.L., the C.D.L. will be notified immediately.

r. Date inserted. Self-explanatory.

s. Date sent to another station if patient transferred. If the case has been set up and returned for try-in by the C.D.L. and the denture is completed by the station for insertion, the C.D.L. will be notified to this effect by forwarding station. Give name of station forwarding case, patient's name, C.D.L. case number, and station to which case is forwarded. This does not apply to dentures which are completed.

t. D.C., U.S. Army. To be signed by the Dental Surgeon, Chief of Prosthetic Section, or any designated officer. Initials or rubber stamp are not acceptable.

8. FULL DENTURES

a. Preparation of mouth. Surgical preparation of the arches is frequently necessary to permit an adequate space for anterior teeth replacement and to eliminate undercuts in the maxillary tuberosity or other areas.

b. Impressions. Use any standard method which provides a muscle trimmed impression, giving the exact height of the buccal and labial flanges.

c. Casts. Casts will be poured in stone. Impressions will not be

sent to the C.D.L. Casts should be poured to preserve the full border or roll of the impression. Casts trimmed too closely to the labial and buccal surfaces eliminate this border. The heels of the casts should be trimmed so that both casts will articulate properly when placed in bite block. Make a small groove across the posterior border of the upper cast from tuberosity to tuberosity through the hamular notch. This line will show in the processed denture, and it will give a definite line to which the denture can be finished. Make all necessary inseting and mark the outline of the relief desired. The C.D.L. will make no inseting.

d. Bites.

(1) Base plate will be well burnished to casts and built up with pink wax rims. The bite rims must fit accurately, and they must be reinforced with a wire of heavy gauge. Paper clip reinforcement is not acceptable. Bite rims will be locked securely in centric relation. "Mush bites", or bites taken with a large roll of soft wax between the rims, are not acceptable.

(2) When impressions are taken inside a base plate tray, the station will pour and trim the cast. The base plate will be readapted to the cast, or a new base plate and bite rim will be constructed.

e. Median line and high lip line. Always indicate position of the median line and high lip line.

f. Occlusal plane of upper base plate should be absolutely level, since this is the only guide used in mounting the case and setting up the teeth.

g. Build out the exact fullness desired in wax when it is returned for try-in by the C.D.L.

h. After trying in case, place an "O.K." in block on WD AGO Form 8-143, "Try-in Desired," if it is to be completed by C.D.L.

i. Do not wax base plates or try-in to casts.

j. Any dental officer may carry a denture or a bridge case through the various stages of construction, if he so desires. The teeth for each individual case will be issued by the C.D.L. upon direct request. Only molds and shades of teeth listed are available.

9. PARTIAL DENTURES.

a. Which soldier needs a partial denture. It is not possible to state that a given number of natural teeth are necessary to masticate the average foods. The size, shape, condition, and position of the dental arches, as well as the teeth, are all determining factors which indicate the need for a denture. The replacement of a single tooth, or one tooth on each side of the arch, by a partial denture, ordinarily will not be accomplished. The insertion of a unilateral partial denture will be limited to the exceptional case, and such appliance generally will not be constructed. The morale of the individual, however, must always be considered.

b. Opening the bite. Partial dentures, which cover the remaining natural teeth, will not be employed in the opening of a bite.

c. Mouth and tooth preparations.

(1) Elongated teeth in close bite cases. Elongated teeth in close bite cases often contact the opposing alveolar ridge. Such teeth should be extracted, and an alveolectomy, accomplished when required, if a denture is being constructed for an arch of this character. If a denture is being constructed wherein the opposite arch possesses elongated teeth, such teeth (elongated) should be shortened by grinding the occlusal or incisal surfaces, providing such a removal of tooth structure will create sufficient space for proper positioning of teeth or proper extension of the saddle. For example, it is often necessary to shorten lower anterior teeth when they contact the mucosa lingual to the upper anterior teeth.

(2) Insufficient mesio-distal space for replacement of tooth. Often when individual teeth are extracted, the space partially closed, and the adjacent natural teeth are tipped toward the area, which precludes the replacement of an average sized tooth. However, if the proximal surfaces of the converging teeth are disked sufficiently, so that they (the adjacent teeth to the space) are as near parallel as possible, a normal sized tooth frequently can be employed.

(3) Preparation of teeth for crib clasp. Where all of the teeth are present on one side of the arch and it is necessary to make the proper preparation for a crib clasp, it is essential that sufficient space be created for a 16-gauge wire as well as a space for the occlusal rest. Do not destroy the contact point in creating this preparation. It is often necessary to shorten the cusps of the opposing teeth.

(4) Preparation of teeth for occlusal rests.

(a) Always reduce the marginal ridge and adjoining fossa with a mounted stone, and polish these areas with a rubber or burlew disk. The occlusal portion of the preparation should be at a right angle to the long axis of all posterior teeth, regardless of that tooth's position. (Avoid making a boxlike preparation or creating sharp angles in the natural tooth.) To create sufficient space for a good strong rest, it is often more desirable to relieve an opposing cusp rather than to remove all the enamel from the marginal ridge.

(b) In clasping and placing rests on upper cuspids it is generally necessary to relieve the incisal or occlusal surface of the opposing tooth. If there is an edentulous area adjacent and posterior to the cuspid, it is best to prepare a rest on the disto incisal angle.

d. Return of casts for additional mouth preparation. When casts are returned to the station sending the case, because elongated teeth, rests, preparations or other conditions are not suitable for the making of a good denture, in no instance will corrections be made thereon. The correction must be made in the mouth. A new impression will be taken, and the resultant cast forwarded to the C.D.L.

e. Marking of areas prepared for occlusal rests by stations. Occlusal rests areas, which have been prepared by the dental officer, will be

lightly outlined with a black pencil. Do not black the entire area.

f. Impressions.

(1) Scale and clean teeth before taking an impression.

(2) Hydro-colloid sectional compound, sectional plaster, or substitute items for hydrocolloid such as the accepted alginate materials, may be used.

(3) The following suggestions are made with reference to the use of hydrocolloid impression material.

(a) Rinse the mouth with warm water just before taking impression. Do not use cold water.

(b) Do not use petrolatum or other lubricant on the teeth or impression material.

(c) Immerse impression, when alginate material is used, in a saturated solution of potassium sulphate for 10 minutes before pouring, and the result will be a better model.

(d) Build up the periphery, heels, and palate of the tray to help retain the hydro-colloid. This keeps impression material from slumping when impression is taken and gives better compression to edentulous areas.

g. Stone casts essential. Do not send impressions to C.D.L. If there is a shortage of artificial stone, pour teeth only of the opposing cast in stone, and then pour remainder of cast in plaster. Trim all casts, especially the heels of the model, to permit proper articulation of teeth. Casts which have broken teeth will be returned, since it is impossible to process a denture accurately against such a cast.

h. Registering centric occlusion for partial denture.

(1) If upper and lower casts will definitely occlude, a bite will not be necessary, but casts should have at least two penciled lines on each side drawn, as nearly as possible, a continuous line from the upper tooth to the lower tooth, denoting centric occlusion.

(2) If centric occlusion cannot be determined in the above manner, baseplate bite rims built up with wax and reinforced with heavy wire will be necessary. Paper clips are entirely too flexible to be used as reinforcement. Baseplates should be well adapted to the casts and built up with pink baseplate wax. This wax should be thoroughly warmed and the patient instructed to close in centric occlusion. Chill and remove from the mouth. Cut off $1\frac{1}{2}$ to 2 mm. from the occlusal surface of the pink wax and any base plate that contacts the opposing arch. (This will create a space between the bite rim and the opposing arch). Add a small piece of boxing wax or tooth carding wax (which will be furnished by the Central Dental Laboratory upon request) upon the occlusal surface of the pink base plate wax; warm wax thoroughly and have the patient close in centric. The registration of the opposing teeth in this wax should not contact the pink baseplate wax or engage the opposing teeth over a depth of 1mm. With the models articulated

in the bite rim, cross check between the patient and the models to verify that the centric occlusion recorded is correct. Rush bites are useless and all cases with such will be returned. Stone casts will not be waxed together because of the difficulty of separation and it is impossible to survey such casts with wax in place.

(3) Extreme softening of the wax cannot be emphasized too much. Unless wax is extremely soft, the base plate will compress tissue. However, this is not true of alginate impression materials. Thus, casts articulated with a bite which compresses tissue will open the bite on the articulated casts, and a denture with an open bite will be the result.

(4) If teeth on the opposing arch contact the base plate or if the base plate of the two arches contact each other, the bite is incorrect and is opened. This is due to compression of tissue under the base plates at the time the bite is taken. Such contacts should be eliminated prior to recording centric occlusion.

1. Cases for try-in. Many requests are received for the return of partial cases for try-in. This requires a great deal of extra time on the part of the laboratory, and it is believed if a correct bite is recorded, either in the making of casts or by the use of the base plate, it is unnecessary in most cases. Full cases are routinely returned for try-in.

2. Rigid appliances. The path of insertion is written on the return slip by the C.D.L. The returned appliance which fits the cast sent in, will go to place through this path of insertion with little or no grinding.

17. C.D.L. REQUIREMENTS FOR: REPAIRS, REBASING DENTURES, SPLINTS, ACRYLIC AND GOLD CROWNS, BRIDGES, VIMALLIUM, AND MISCELLANEOUS CASES.

a. Repair. Casts from hydro-colloid or similar impression materials are made with the appliance in place. Occluding cast is made and bite is taken when such is indicated. The correct shade is always given if the teeth to be replaced are broken.

b. Rebasing dentures.

(1) Preparation. Eliminate all undercuts which would prevent the removal of denture from cast. Reduce the flanges approximately 3 mm, leaving square peripheral margins.

(2) Requirement. Four and properly trim cast, but do not separate. Trim impression material for facial surface to desired fullness.

c. Splints. Required: Accurate stone models secured from hydro-colloid or similar materials of both upper and lower arches, including all remaining teeth, and including at least 1/3 inch of the mucous membrane. Further, submit any bite data which will be an aid in assembling casts, as well as X-rays and a complete description of case.

d. Acrylic crowns. Since the facilities for the crowns are limited, priority will be given to full dentures. The following models and impression

(1) The shoulders on all teeth prepared with the same precision as plain jacket crowns.

This shoulder should be at the depth or thickness of this shoulder in the preparation.

(2) An amalgam die is made from an accurate end of the die should be tapering and comparable to the crown jacket crown.

(3) A plaster impression of the arch including the tooth for which the jacket crown is to be made, ordinarily should include at least two teeth on each side of the prepared tooth. The impression of the shoulder of the prepared tooth must be extremely accurate. Operators are requested to accurately adapt inlay wax over the shoulder as well as the remainder of the crown, and then take a plaster impression over this wax. If it is adapted carefully to the shoulder of the crown, the wax will produce a very accurate impression. Do not pour this impression but forward it to the laboratory for completion.

(4) In addition to the requirements already cited in 1, 2, and 3 above, there must be a stone cast of the opposing arch, a wax bite in centric relationship, and a New Hue shade.

e. Gold Crowns. Same requirement as in D. above, except for the elimination of the shoulder preparation and shade.

f. Bridges. A plaster impression is taken with attachments in place, ordinarily including at least two teeth on each side of the abutment teeth. In anterior bridge cases, the impression should generally include the corresponding teeth on the opposite side of the arch. If the station desires to pour this cast, a minute amount of molding or wax should be placed on both sides of retention grooves. It may be poured in either stone or crown and bridge investment. An occluding cast, bite and shade are always required.

SECTION II. DENTAL EQUIPMENT AND SUPPLIES.

1. The following items of medical supply are authorized unit or station dental dispensaries that have no prosthetic facilities available other than Central Dental Laboratory. They are available upon requisition through regular supply channels.

EXPENDABLE ITEMS

<u>Item No.</u>	<u>Nomenclature</u>	<u>Unit</u>	<u>Amount authorized</u>
5424300	Plaster of paris, modeling and flasking, 4 lb can:	can	2
5373000	Knife, plaster	ea	1
5016000	Base plate, 12:3 uppers and 3 lowers	box	3
5026000	Bowl, plaster:rubber	ea	1
5117000	Cast, mailing, dental, large	ea	10

<u>Item No.</u>	<u>Nomenclature</u>	<u>Unit</u>	<u>Amount authorized</u>
5171000	Compound, cake, 1 lb: modeling red	ea	4
5332500	Impression compound, 12 units: elastic	carton	1
5422000	Paper, articulating, 12 sheets	book	6
5423000	Paste, abrasive, 3 oz.	jar	1
5423200	Paste, impression	pkg	2
5577000	Stone, artificial, 5 lb: for models	can	3
5613000	Teeth, shade guide	ea	1
5634000	Tray, metal, 1/2 lb: 3 1/4 inches wide	roll	1
5671000	Wax, base, plate, 1 lb: sheets	box	3
5672000	" , boxing, 1 lb: sheets	box	1
5674000	" , crown, 2 oz.	box	1
5676000	" , inlay, 1 oz.	box	1

NON - EXPENDABLE ITEMS

5372000	Knife, office	ea	1
5362800	Impression compound trays, set of 6: Large, medium and small, upper and lower	set	1
5569000	Spatula, plaster, 8 inch length	ea	1
5571000	Spatula, wax, No. 7: Double end	ea	1
5622000	Tray, crown and bridge	ea	1
5627000	Tray, impression, lower, Bis--18: Orthodontic,	ea	1
5628000	" " " " 22: "	ea	1
5629000	" " " " 24: "	ea	1
5630000	" " " " 26: "	ea	1
5631000	" " " " SCW-1: Edentulous	ea	1
5632000	" " " " 3: "	ea	1
5633000	" " " " 5: "	ea	1
5636000	" " upper, Bis-1 Orthodontic	ea	1
5637000	" " " "	ea	

5638000	Tray, impression,	a-5: Orthodontic	ea	
5639000	" "	Bis-7: "	ea	1
5640000	" "	Bis-9: "	ea	1
5641000	" "	SSW-1: Edentulous	ea	1
5642000	" "	SSW-3: "	ea	1
5643000	" "	SSW-5: "	ea	1

2. Requestions for the above items will be prepared separately for expendable and non-expendable items.

3. Requisitions for the expendable items will be prepared in usual manner and submitted direct to the servicing depot using this Circular Letter for the basis.

4. Requisitions for the non-expendable items will be prepared in sixty-plicate, one copy to be retained by the requisitioning agency, and five copies to be transmitted, thru channels, to the Office of the Theater Chief Surgeon, Hqs TSFET (Main), APO 757, Attn: Medical Supply Division. This requisition will also use this Circular letter as the basis.

5. The requisition sent to the Office of the Theater Chief Surgeon will be edited and action taken as follows:

- a. One (1) copy will be returned to the requisitioning unit showing the action taken.
- b. One (1) copy will be retained in the Office of the Theater Chief Surgeon.
- c. Three (3) copies will be forwarded direct to the servicing depot.

6. Upon receipt of the edited copy of requisition submitted thru the Office of the Theater Chief Surgeon, stock cards will bear the notation that those items requisitioned are authorized as excess TE Equipment using the edited requisition as authority.

Daniel J. Waligora

DANIEL J. WALIGORA,
Colonel, Medical Corps.
Executive Officer.